DISCI OSTRE SUMNIA  DISCI OSTRE SUMNIA  LUMINITATION HUST be same as on States  HYTICAN HUST be same as on States  HYTICAN HUST CAN LEAGUE  IMPORTANT: Indicate type of committee you are report  (1) Statewide/Legislative Candidate (2) Statewide PAC (3)  (5) County PAC (6) Ballot Issue/Franchise Committee (7)  (8) Support State of Candidates	RY PAGE	FORM DR-2  DR-2  DEFORM  DR-2  DEFORM  For Office Use Only  Comm. #  Logged in  Scanned  Computer
Candidate Name	Political Party	Audited
Office Sought	District (if Senate or Hous	se)
SIGNATURE OF TREASURER (or person filing th	515 - 262 · TELEPHONE	7828 16 Oct 08 DATE SIGNED
Late filed reports are s	subject to possible civil and c	riminal penalties.
LE INSTRUCTIONS ON BACK AND COMPL	ETE THE FOLLOWING SENTEN	CE-
AM FILING A	REPORT FOR ANA (1) E	LECTION /(2)NON-ELECTION YEAR.
		Indicate one
]CHECK IF AMENDMENT TO REPORT DATED $\_$		
		Local Committees, enter Date of Election
Check if this is final (termination) report and attac (You must continue to file reports until a No.	h Notice of Dissolution Form DR-3. line of Dissolution is filed.)	County & Local Committee: which Election is held
STAT	EMENT OF CASH SING STATES	
by the committee. This amount MUST be the of the last reporting period, or must be zero in	riod. (This is the total of all manifes in le same as the cash on hand at the en if this is first report filed.)	599.25
ADD TOTAL MONEY TAKEN IN THIS PERI	lop	5/10/2
Schedule A: Cash Contributions total (Attack	h Schodule A) Mata-	~h ^~
Schedule F: Loans Received total (Attach C.	·· · · · · · · · · · · · · · · · · · ·	)
Schedule F: Loans Received total (Attach Schedule H: Total Sales of Campaign Prope	why (Attack Catalana and	***********
(Schedule H applies to Candidate	"Y (CHACH OCHEOME H)	
Veriordite		1/10 ==
SUBTRACT TOTAL MONEY SPENT THIS P	SUB-TOT	AL (0 49. 25
Schedule B: Fynorditures total (Aug. )	ERIOD	
Schedule B: Expenditures total (Attach Sche Schedule F: Loan Renayments total (Attach	dule B) (**also see debts and loans be	1low) 304.24
	SCNEGUIE F1	
SH ON HAND at the end of this reporting period (if be zero) (Attach DR-3)	final raport halance	
NPAID BILLS (From Schedule D - Attach School Is	Di	
NPAID BILLS (From Schedule D - Attach Schedule	With the second second	\$
JTSTANDING LOANS (From Schedule F - Attach S IDIDATE COMMITTEES ONLY:	schedule F)	\$
JULIANT BREAKDOWN (Schedule G Allucture?	<u>.</u>	

## For instructions, See Back of Form

## CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

OMMITTEE NAME (Must be same as or	n Statement of Organization)
• • • • • • • • • • • • • • • • • • •	•
Aprican American Leader	(S) ( California (YAC)
My price Minarcas acards	2619

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
08/09/08	ID# CK# 4626	Vicky Long - Hill		\$ 50,00	
	ID#				
				·	
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
<b>****</b>	ID#		-		
	С <b>К#</b>	· · · · · ·			
	ID#				
	CK#		-		
	ID#				
	ск#				
	ID#				
	СК#	•			
	ID#				
	СК#				
	ID#				
	ск#	•			
			SUB-TOTAL	ن م	

TOTAL (if last page of this schedule)

\$ 50.00 \$ 50.00

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by namings). If surname of contributor is the same as candidate, but there is no amilial relationship, enter "not applicable" in the relationship column.

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## FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	COMMITTEE NAME (Must be same as on Statement of Organization)			
	African American Leadership Coalition (PAC)			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/31/08	<u> </u>	Knauer For School Bd. 4503 Wake waa 9kmy Des Moines, IA 50315		\$ 300.00
	ID# CK#	Inva State Bank 627 E. Locust St. Des moines JA 50309 Lomo State Bank	Rtw Item Charge	4.00
	ID# CK#	Towo state Bank 627 E. Locust St. Dos Moines, IA 50309	Sales Tax	, 24
	CK#			
	ID# CK#		· -	
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$ 304.24
			TOTAL (if last page of this schedule)	\$ 304.24

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

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